

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
01-006

2. STATE
Alaska

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
April 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 435

7. FEDERAL BUDGET IMPACT:

a. FFY 01 \$0

b. FFY 02 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 2.6A, Page 1
Supplement 1 to Attachment 2.6A, Page 6

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Supplement 1 to Attachment 2.6A, Page 1
Supplement 1 to Attachment 2.6A, Page 6

10. SUBJECT OF AMENDMENT:

Federal Poverty Guideline based income eligibility standards

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Does not wish to comment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Bob Labbe

14. TITLE: Director, Division of Medical Assistance

15. DATE SUBMITTED:

16. RETURN TO:

Division of Medical Assistance
PO Box 110660
Juneau, AK 99811-0660

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

3

18. DATE APPROVED:

JUL 24 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

APR - 1 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

LSI

21. TYPED NAME:

TERESA L. TRIMBLE

22. TITLE:

ASSOCIATE REGIONAL

23. REMARKS:

Pen's Ink per AK dated 7/10/01 replacing Page 1 Supplement to Attachment 2.6A w/ correct effective date of 4/1/01.

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

	Family Size	Need Standard
a. Adult Included (AI)	2	\$ 1,028
	3	1,156
	4	1,284
	5	1,412
	each additional	128
b. ANI	1	\$ 564
	2	692
	3	820
	04	948
	each additional	128
c. UP/INCAP	2	\$ 1,028
Parent	3	1,156
	4	1,284
	5	1,412
	each additional	128
d. Single Adult		\$ 643

2. Pregnant women and infants under Section 1902(a)(10)(i)(IV) of the Act:

Federal Poverty Guidelines For Pregnant Women and Infants 185% Effective beginning 4/1/01	
Family Size	Income Level
1	\$ 1,655
2	2,237
3	2,820
4	3,403
5	3,986

TN No. 01-006 Approval Date 7-24-01 Effective Date April 1, 2001

Supersedes TN No. 01-005

INCOME ELIGIBILITY LEVELS (Continued)

**C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO
FEDERAL POVERTY GUIDELINE**

The levels for determining income eligibility for groups of qualified Medicare beneficiaries under the provisions of section 1905(p)(2)(A) of the Act are as follows:

1. NON-SECTION 1902(f) STATES

a. Based on the following percent of the official Federal income poverty level:

Eff. Jan 1, 1989: ____ 85 percent ____ ____ percent (no more than 100)

Eff. Jan 1, 1990: ____ 90 percent ____ ____ percent (no more than 100)

Eff. Jan 1, 1991: 100 percent

Eff. Jan 1, 1992: 100 percent

b. Levels

Federal Poverty Guidelines for QMB	
100%	
Effective beginning 4/1/01	
Family Size	Income Level
1	\$ 895
2	\$1,210